Request for Waiver
for Element of U.S. Department of Commerce
Password Policy

1. Requesting Office Name and Routing Code:	2. Date of Request:

3. Technical Contact:	4. Technical Contact Info:
	    Phone:
	    E-mail:

5. Senior IT Manager Name:	6. Senior IT Manager Signature:

Project Specific Information

7. Portion of Password Policy to be Waived:

8. Description of System :

9. Waiver Justification:

10. Estimated Review Schedule and Date for Waiver (Ex: annually, June 30):

Approval Authorization

Review by OAR CIO:	Signature:	Date:
Review by NOAA CIO:	" Approve	" Disapprove
Comments:		

Signature of NOAA Chief Information Officer or Delegated Authority:

Instructions for Completing the
OAR Request for Waiver for
DOC Password Policy

1.   Enter the name of the lab or program office that is responsible for system in question. Include the routing code for the specific office making the request.

2.   Enter the date of the waiver request.

3.   Enter the name of the person technically responsible for maintaining the system in question. This person may be contacted to verify or provide additional information regarding the technical specifics of the request.

4.   Enter the phone and e-mail contact information for the technical contact.

5.   Enter the name of the Senior IT Manager for your lab or program. If you do not know your Senior IT Manager contact your lab or program director, or the OAR CIO Office (301) 713-9040.

6.   This form must be signed by the Senior IT Manager in order to be considered.

7.   Enter the portion of the DOC Password Policy to be waived.

8.   Enter a description of the system in question.

9.   Prior to entering your waiver justification, review the DOC password policy for specific verbiage